

# Settlement Council of Australia

### AT A GLANCE



# **Target Participants**

The Muslim and CALD community across Southwest and Western Sydney



### Aim

To provide a culturally responsive approach to the COVID-19 vaccine and address the presenting barriers CALD communities were having with other clinics



### Organisations Involved

The Lebanese Muslim Association (LMA) and NSW Health



## **Location** Sydney



### Funding NSW Health

### **CASE STUDY**

# **COVID-19 Vaccine Clinic**

The Lebanese Muslim Association (LMA) worked with NSW Health to establish their COVID-19 clinic that provided culturally appropriate resources and directly addressed the specific needs of the community to support vaccine uptake and community protection from COVID-19.

## **Description**

Through their ongoing work with the community, LMA were aware of hesitation from both the Muslim and broader Southwest and Western Sydney communities, barriers to compliance, and misinformation circulating around COVID-19. LMA identified that many NSW Health clinics were not suitable for CALD communities with issues around language barriers, lack of digital literacy skills, lack of culturally responsive health staff, and poor geographic proximity.

Following advocacy and consultation with government, the LMA was approved as a pop-up clinic by NSW Health. NSW Health brought in resources, staffing that could work in a culturally and religiously sensitive manner and managed the IT aspect of the clinic's operations. They administered both Pfizer and AstraZeneca vaccines, and targeted those aged 16-59. In July-September, the LMA held 6 first dose clinics, followed by second dose clinics in the weeks after. Both walk-in and appointment models were trialled to minimise the challenges the community was having in registering online for their vaccines. By the final clinic in September approximately 500 people were being vaccinated per day.

LMA was able to go directly to the community and identify what the gaps were on the ground and speak to their hesitation and resistance in being vaccinated.



By implementing the model they alleviated some of the challenges other pop-up clinics faced, including:

- Providing information in language, specifically colloquial language (in-print and through trained staff on the ground in the clinic)
- Communicating messages, not just by translating them but in a culturally and linguistically appropriate way
- Limiting issues of paid parking like other venues
- Minimising queues and wait times
- Providing assistance and advice in the queue with interpreters, health staff and volunteers so that people didn't need to wait to speak with someone after they had waited in the queue for a long period of time
- Providing training to NSW Health staff regularly in how to engage with the community
- Working with trusted doctors and health practitioners to make informed choices about the AZ vaccine

LMA also ran an online campaign addressing concerns, misinformation and general questions from the community. The campaign and live conversations have had over 443,808 in reach and 38,078 in engagement on both Lakemba Mosque and LMA Facebook and Instagram platforms.

# **Challenges**

Some of the challenges faced in the delivery of the clinic included but were not limited to:

- The technology used by NSW Health. This meant that some of the work needed to be done manually.
- The team of NSW Health staff were not always the same people who regularly worked in the clinic. This meant that staff required ongoing training and inductions to the site.
- Ensuring all staff had the acumen to engage with the community and allay any fears or hesitations. This was difficult with change of staffing from NSW Health.

#### Outcomes

The key outcomes of the project included:

- Delivery of 6 1st dose vaccine clinics with the additional 6
  2nd dose clinics of both Pfizer and AstraZeneca
- 300-400 people per day were being vaccinated, this increased to 500+ per day in the last few clinics with an overall approximation of 8,100 vaccines across 19 days of the clinic.
- Allayed community fears around the vaccine and its safety





# **Key Learnings**

### This experience has generated the following key learnings:

- 1. Crisis Management: as a community we need to build and develop our ability to handle and manage crisis situations.
- 2. The importance of identifying gaps and advocating on behalf of the community for changes that have a positive outcome.
- 3. Part of the planning and implementation is understanding the parameters and difficulties in engaging with agencies responsible for this.
- 4. The use of technology and the lack thereof in our systems need improvement. Although we adapted to the issues around technology, we need to ensure that we are ahead in how we can proactively minimise the challenges many have had with the online booking process.

### For more information

Please visit www.lma.org.au, or check out their Facebook Page @Lebanese.Muslim.Association.



